**LifeLong CAB LA Smart Phrase List**

**CABENUVA HISTORY**

Oral lead in administered: [ ]  Yes, dates: [ ]  No

Loading dose date/s (2 loading doses 4 weeks apart are given prior to every 56 day dosing schedule): \*\*\*

Maintenance dose schedule: {:58033}

First maintenance dose date:

=

**Cabenuva Start Checklist:**

**Patient History:**

[ ]  Prior antiretroviral treatment history reviewed

[ ]  Genotype reviewed

Copy and paste below or document in problem list

Enter Stanford Database (https://hivdb.stanford.edu/hivdb/by-mutations/) to evaluate for major mutations that may preclude CABENUVA

[ ]  Hepatitis B serologies reviewed

 If isolated cAb positive, HBV DNA ordered to check for occult HBV infection [ ]  Yes [ ]  N/a

[ ]  Medications reviewed for ddi's (see resources below)

**Ordering/scheduling**

[ ]  BMI reviewed and 2-inch needles ordered for BMI >/= 30

[ ]  30-day supply alternate oral regimen dispensed

[ ]  Optional: Oral lead ordered

* E-scribe to Theracom 345 International Blvd Ste 200, Brooks, KY 40109 Phone: 1-844-276-6299, Fax: 1-833-904-1881
* Notes section must include the following:
	+ Opt out of VC services, oral lead in only
	+ Delivery location w/address (Patient home or clinic)
	+ Best contact number for Theracom to call if Rx issues arise

[ ]  Loading and Maintenance injections ordered

 Order for clinic delivery from Walgreen's Community or AHF

 For Q4 week injections order: Loading dose CAB/RPV 600-900 + Maintenance dose CAB RPV 400-600

 For Q8 week injections order: CAB/RPV 600-900 to be given every 4 weeks x 2 and then every 8 weeks

[ ]  RN and MAC notified of order so medications can be refrigerated upon receipt

**Monitoring:**

[ ]  Sa185cabenuvahx smartphrase added to specialty comments

[ ]  Patient added to Cabenuva patient list

**Resources:**

**1. Cabotegravir and Rilpvirine Mutations**

* **Rilpivirine**: L100I (H); K101E (I); V106I and A (potential L); E138K (I) and A (L), G (L), Q (L), R (L); V179F and I (L); Y181C (I) and I (H); V189I; G190E (H); H221Y (L) and H/L; F227C (I); and M230I (I) and L; K103N+K238T, K103N+E138G+K238T; Y188L
* **Cabotegravir**: Q146L; S153Y; I162M; T124A; Q148H, K; C56S; V72I; L74M; V75A; T122N; E138K; G140S; G149A; M154I; and N155H

**2.CABENUVA Drug interactions**

Patients who are on the following medications are not eligible (due to concern of decreased drug levels of CAB or RPV)

* Anticonvulsants: carbamazepine, oxcarbazepine, phenobarbital, phenytoin
* Antimycobacterials: rifabutin, rifampin, rifapentine
* Systemic glucocorticoids: more than a single dose of dexamethasone
* Herbal: St John’s Wort
* For oral lead in only: PPI’s (H2 blockers allowable if dosed 12 hours before or 4 hours after rilpivirine)

**APRETUDE HISTORY**

Oral lead in administered: [ ]  Yes, dates: [ ]  No

Loading dose date/s (2 loading doses 4 weeks apart are given prior to every 56 day dosing schedule): \*\*\*

First maintenance dose date:

Apretude Initiation Checklist:

**1) Confirm eligibility (based on CDC criteria below or clinical judgment)**

[ ]  anal or vaginal sex in the past 6 months AND

[ ]  sexual partner with HIV (especially if the partner has an unknown or detectable viral load) OR

[ ]  have not consistently used a condom OR

[ ]  have been diagnosed with a sexually transmitted disease in the past 6 months

**OR if injecting drugs**

[ ]  share injection equipment OR

[ ]  have injection partner with HIV

**2) Evaluate HIV Status**

[ ]  NONE of the following symptoms today or in the past 30 days:

* fever with sore throat
* rash
* swollen lymph nodes
* Headache

\*if any of the above symptoms, order HIV RNA Viral Load + 4th gen HIV Ag/Ab to rule out acute HIV before offering PrEP.

[ ]  Have you used any PrEP/PEP pills in the past 3 months or injections in the past 12 months?

**If YES:**

 [ ]  order HIV RNA Viral Load + 4th gen HIV Ag/Ab; consider awaiting results before prescribing PrEP if patient reports gaps in PrEP or inconsistent use

**If NO:**

 [ ]  HIV RNA Viral Load negative result must be documented within 1 week prior to initiation of CAB-LA OR

 [ ]  perform a Rapid HIV Ag/Ab fingerstick to document negative status AND obtain blood draw for HIV RNA Viral Load on the same-day to confirm status (ok to administer CAB-LA while lab test is pending).

*\*Oral fluid HIV tests should be avoided, as they are less sensitive for the detection of acute/recent HIV infection.*

**3) [ ]  Medications reviewed for drug interactions** (see resources below)

**4) Counseling**

[ ]  Injection site reactions (pain, tenderness, induration) were most frequent after the first 2-3 injections. These were generally mild to moderate, lasting only a few days, and improved with supportive management.

* To minimize injection site reactions, patients can take an over-the-counter pain medication within 2 hours before or after the injection and continue as needed for 1-2 days, and/or apply a warm compress or heating pad to the injection site for 15-20 minutes after the injection.

[ ]  Need to monitor CAB-LA tail with HIV RNA testing every 3 months for 1 year after discontinuation

* CAB-LA levels slowly wane over an average of 10-18 months after injections are discontinued. During this “tail” phase, CAB-LA levels eventually fall below a protective threshold and persist at nonprotective levels, exposing the patient to the risk of HIV acquisition. These lower levels of CAB-LA may also create resistance to CAB or other INSTI medications if HIV is acquired during this time. Infection with INSTI-resistant virus may complicate HIV treatment.

[ ]  Confirm contact information (best phone number and emergency contact)

**5) Medication and Lab Orders**

[ ]  Loading and Maintenance injections ordered

 Order for clinic delivery from Walgreen's Community or AHF

 **Loading dose:** 3 ml suspension of 600 mg IM injected into gluteal muscle at initiation

 **Maintenance dose:** 3 ml suspension of 600 mg IM injected into gluteal muscle 4 weeks after initiation injection, then every 8 weeks

[ ]  RN and MAC notified of order so medications can be refrigerated upon receipt

[ ]  4th gen HIV Ag/Ab

[ ]  HIV RNA viral load qualitative or quantitative ok

[ ]  STI testing: syphilis serology (RPR/VDRL), GC/CT at all sites of exposure, hepatitis C Ab

[ ]  Urine pregnancy test (UPT) for patients who can become pregnant – encourage continued use of PrEP to prevent HIV transmission throughout pregnancy if UPT positive and patient has ongoing risk of acquiring HIV

**6) Monitoring:**

[ ]  Patient added to Apretude patient list

[ ]  Lab testing per chart below



**APRETUDE (CAB-LA) Drug interactions**

Patients who are on the following medications are not eligible (due to concern of decreased drug levels of CAB)

* Anticonvulsants: carbamazepine, oxcarbazepine, phenobarbital, phenytoin
* Antimycobacterials: rifampin, rifapentine (rifabutin ok to administer with caution)

Injectable PrEP Initiation and Follow up Protocol

|  |  |  |
| --- | --- | --- |
|  | PrEP initiation visit | Follow-up visits (every 3 months) |
| HIV Status | HIV-1 qualitative (or quantitative) RNA viral load + HIV Ag/Ab test | HIV-1 qualitative (or quantitative) RNA (viral load) + HIV Ag/Ab test |
| STI Testing | Syphilis serology for allGC/CT at all sites of exposure | Repeat STI screen every 4 months |
| Prescription | Provide cabotegravir injection at initiation visit and again 1 month later | Provide cabotegravir injection every 2 months if HIV test is negative |
| Discontinuation |  | Prior to initiation, counsel patients about need for monitoring CAB-LA tail with HIV RNA testing every 3 months for 1 year after discontinuation.* If PrEP is indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection
* Obtain HIV RNA viral load quarterly for 12 months after discontinuing injections
 |

**Injection Dosing After Missed Injection**

|  |  |  |
| --- | --- | --- |
| **Dose Missed** | **Time Since Previous Dose** | **Recommendation** |
|  |  |  |
| Second Injection | ≤ 2 months | Administer dose as soon as possible, then continue every 2 month schedule |
| > 2 months | Restart initiation dosing (2 doses separated by 1 month), followed by every 2 month schedule |
| Third injection or after | ≤ 3 months | Administer dose as soon as possible, then continue every 2 month schedule |
| > 3 months | Restart initiation dosing (2 doses separated by 1 month), followed by every 2 month schedule |